

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
ANDERSON	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-							95	*
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			83	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*				*
		Cariten Senior Health - Advantage	*						\$39.00	-								
		Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*					\$88.00	\$39.24		*		*			83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$64.00	-								
		Secure Plus 20	*						\$69.29	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$89.00	-								
		Secure Plus 15	*						\$93.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$107.90	\$43.90	*			*			89	*
		Secure Plus Prime	*						\$118.00	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
BEDFORD	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Healthspring	HealthSpring Primary	*						\$0.00	-								
		Special Care	*						\$0.00	\$0.00			*				86	*
		Total Care	*						\$15.91	\$15.91			*				86	*
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*				86	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
BENTON	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
BLEDSOE	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$76.00	-								
		BlueAdvantagePlus				*			\$113.98	\$37.98	*			*			95	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
BLOUNT	BlueCross BlueShield of Tennessee	BlueAdvantage				*		\$51.00										
		BlueAdvantagePlus				*		\$88.98	\$37.98	*			*			95	*	
	Cariten Senior Health	Cariten Senior Health Complete	*					\$32.33	\$32.33		*		*			83	*	
		Cariten Senior Health - Advantage	*					\$39.00	-									
		Cariten Senior Health-Advantage Plus	*					\$78.00	\$39.24		*					83	*	
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*				\$88.00	\$39.24		*		*			83	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*		\$0.00	\$0.00	*			*			97	*	
		HumanaChoicePPO PPO R5826-019			*			\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*			\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*			\$114.00	\$29.28	*			*			97	*	
	John Deere Health Plan, Inc.	Secure Plus 25	*					\$37.00	\$29.29	*			*			89	*	
		Secure Plus 15	*					\$64.00	-									
		Secure Plus 20	*					\$69.29	\$29.29	*			*			89	*	
		Secure Plus Prime	*					\$89.00	-									
		Secure Plus 15	*					\$93.00	\$29.29	*			*			89	*	
		Secure Plus 15	*					\$107.90	\$43.90	*			*			89	*	
		Secure Plus Prime	*					\$118.00	\$29.29	*			*			89	*	
		Secure Plus Prime	*					\$133.00	\$43.90	*			*			89	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$9.00	-									
BRADLEY	BlueCross BlueShield of Tennessee	BlueAdvantage				*		\$76.00	-									
		BlueAdvantagePlus				*		\$113.98	\$37.98	*			*			95	*	
	Cariten Senior Health	Cariten Senior Health Complete	*					\$32.33	\$32.33		*		*			83	*	
		Cariten Senior Health - Advantage	*					\$39.00	-									
		Cariten Senior Health-Advantage Plus	*					\$78.00	\$39.24		*		*			83	*	
	Healthspring	HealthSpring Primary	*					\$0.00	-									
		Special Care	*					\$0.00	\$0.00			*				86	*	
		Total Care	*					\$15.91	\$15.91			*				86	*	
		HealthSpring Plus	*					\$23.50	\$23.50	*			*	*		86	*	
		HealthSpring Advantage	*					\$118.00	\$18.56			*				86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*		\$53.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-019			*			\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*			\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*			\$114.00	\$29.28	*			*			97	*	
	Sterling Option I	Sterling Option I				*		\$9.00	-									
CAMPBELL	BlueCross BlueShield of Tennessee	BlueAdvantage				*		\$51.00	-									
		BlueAdvantagePlus				*		\$88.98	\$37.98	*			*			95	*	
	Cariten Senior Health	Cariten Senior Health Complete	*					\$32.33	\$32.33		*		*			83	*	
		Cariten Senior Health - Advantage	*					\$39.00	-									
		Cariten Senior Health-Advantage Plus	*					\$78.00	\$39.24		*		*			83	*	
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*				\$88.00	\$39.24		*		*			83	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*			\$67.00	-									
		Humana Gold Choice PFFS H1804-020				*		\$83.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-033			*			\$104.00	\$19.01		*		*			97	*	
		HumanaChoicePPO PPO R5826-001			*			\$114.00	\$29.28	*			*			97	*	
	John Deere Health Plan, Inc.	Secure Plus 25	*					\$37.00	\$29.29	*			*			89	*	
		Secure Plus 15	*					\$64.00	-									
		Secure Plus 20	*					\$69.29	\$29.29	*			*			89	*	
		Secure Plus Prime	*					\$89.00	-									
		Secure Plus 15	*					\$93.00	\$29.29	*			*			89	*	
		Secure Plus 15	*					\$107.90	\$43.90	*			*			89	*	
		Secure Plus Prime	*					\$118.00	\$29.29	*			*			89	*	
		Secure Plus Prime	*					\$133.00	\$43.90	*			*			89	*	
	Sterling Option I	Sterling Option I				*		\$9.00	-									

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			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
CANNON	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Healthspring	HealthSpring Primary	*						\$0.00	-								
		Special Care	*						\$0.00	\$0.00			*				86	*
		Total Care	*						\$15.91	\$15.91			*				86	*
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*				86	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
CARROLL	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
CARTER	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*			83	*
		Cariten Senior Health - Advantage	*						\$39.00	-								
		Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*					\$88.00	\$39.24	*			*			83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$64.00	-								
		Secure Plus 20	*						\$69.29	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$89.00	-								
		Secure Plus 15	*						\$93.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$107.90	\$43.90	*			*			89	*
		Secure Plus Prime	*						\$118.00	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
CHEATHAM	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Healthspring	HealthSpring Primary	*						\$0.00	-				*				
		Special Care	*						\$0.00	\$0.00			*				86	*
		Total Care	*						\$15.91	\$15.91			*				86	*
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*				86	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO H4408-002		*					\$54.00	\$27.62	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	Windsor Medicare Extra	Windsor Medicare Extra Silver Plan	*						\$0.00	-								
		Windsor Medicare Extra Gold Enhanced Plan	*						\$31.00	\$31.00	*			*	*		97	*
		Windsor Medicare Extra Gold Basic Plan	*						\$32.00	\$31.76	*			*			97	*
		Windsor Medicare Extra Comprehensive Plan	*						\$32.33	\$32.33			*				97	*
		Windsor Medicare Extra Platinum Basic Plan	*						\$51.00	\$31.76	*			*			97	*
		Windsor Medicare Extra Platinum Enhanced	*						\$57.00	\$38.44	*			*	*		97	*
CHESTER	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
CLAIBORNE	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*			83	*
		Cariten Senior Health - Advantage	*						\$39.00	-								
		Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*					\$88.00	\$39.24		*		*			83	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$64.00	-								
		Secure Plus 20	*						\$69.29	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$89.00	-								
		Secure Plus 15	*						\$93.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$107.90	\$43.90	*			*			89	*
		Secure Plus Prime	*						\$118.00	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								

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			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered	
CLAY	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-									
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-				*					
		Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
COCKE	Sterling Option I	Sterling Option I				*			\$9.00	-									
	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-									
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*	
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*					\$88.00	\$39.24	*	*		*			83	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*			89	*	
		Secure Plus 15	*						\$64.00	-									
		Secure Plus 20	*						\$69.29	\$29.29	*			*			89	*	
		Secure Plus Prime	*						\$89.00	-									
		Secure Plus 15	*						\$93.00	\$29.29	*			*			89	*	
		Secure Plus 15	*						\$107.90	\$43.90	*			*			89	*	
		Secure Plus Prime	*						\$118.00	\$29.29	*			*			89	*	
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*	
	COFFEE	Sterling Option I	Sterling Option I				*			\$9.00	-								
BlueCross BlueShield of Tennessee		BlueAdvantage				*			\$110.00	-									
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*	
Healthspring		HealthSpring Primary	*						\$0.00	-									
		Special Care	*						\$0.00	\$0.00			*				86	*	
		Total Care	*						\$15.91	\$15.91			*				86	*	
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*	
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*	
Healthspring, Inc.		HealthSpring PPO		*					\$104.00	\$18.56			*				86	*	
Humana Insurance Company		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
CROCKETT		Sterling Option I	Sterling Option I				*			\$9.00	-								
		BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-									
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
CUMBERLAND	Sterling Option I	Sterling Option I				*			\$9.00	-									
	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-									
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
Sterling Option I	Sterling Option I				*			\$9.00	-										

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Medicare contracts/ plans approved as of October 16, 2020. The data does not reflect PACE organizations, employer sponsored plans, or HSA / Cost Plans.																			
Description										Cost				Coverage				Convenience	
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
DAVIDSON	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-									
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*	
	Healthspring	HealthSpring Primary	*						\$0.00	-									
		Special Care	*						\$0.00	\$0.00			*				86	*	
		Total Care	*						\$15.91	\$15.91			*				86	*	
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*	
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*	
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*				86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO H4408-002		*					\$54.00	\$27.62	*			*			97	*	
		HumanaChoicePPO PPO R5826-019				*			\$67.00	-									
		HumanaChoicePPO PPO R5826-033				*			\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001				*			\$114.00	\$29.28	*			*			97	*	
		United Healthcare Of Tennessee, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-								
	UnitedHealthcare Medicare Complete Rx		*						\$0.00	\$0.00	*			*			97	*	
	UnitedHealthcare Medicare Complete Plus Rx		*						\$19.90	\$19.90	*			*			97	*	
		Windsor Medicare Extra	Windsor Medicare Extra Silver Plan	*						\$0.00	-								
	Windsor Medicare Extra Gold Enhanced Plan		*						\$31.00	\$31.00	*			*	*		97	*	
			Windsor Medicare Extra Gold Basic Plan	*						\$32.00	\$31.76	*			*			97	*
			Windsor Medicare Extra Comprehensive Plan	*						\$32.33	\$32.33			*				97	*
			Windsor Medicare Extra Platinum Basic Plan	*						\$51.00	\$31.76	*			*			97	*
			Windsor Medicare Extra Platinum Enhanced	*						\$57.00	\$38.44	*			*	*		97	*
	DE KALB	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
BlueAdvantagePlus						*			\$88.98	\$37.98	*			*			95	*	
Healthspring		HealthSpring Primary	*						\$0.00	-									
		Special Care	*						\$0.00	\$0.00			*				86	*	
		Total Care	*						\$15.91	\$15.91			*				86	*	
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*	
		HealthSpring Advantage	*						\$118.00	\$18.56			*		*		86	*	
Healthspring, Inc.		HealthSpring PPO		*					\$104.00	\$18.56			*				86	*	
Humana Insurance Company		Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*	
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
		Sterling Option I				*			\$9.00	-									
		United Healthcare Of Tennessee, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-								
UnitedHealthcare Medicare Complete Rx			*						\$0.00	\$0.00	*			*			97	*	
			UnitedHealthcare Medicare Complete Plus Rx	*						\$19.90	\$19.90	*			*			97	*
DECATUR	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-									
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		Humana Gold Choice PFFS H1804-020			*	*			\$83.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-									
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
	Sterling Option I				*			\$9.00	-										

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience	
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
DICKSON	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-									
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*	
	Healthspring	HealthSpring Primary	*						\$0.00	-									
		Special Care	*						\$0.00	\$0.00			*				86	*	
		Total Care	*						\$15.91	\$15.91			*				86	*	
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*	
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*	
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*				86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
		Sterling Option I	Sterling Option I				*			\$9.00	-								
DYER	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-									
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
		Sterling Option I	Sterling Option I				*			\$9.00	-								
	FAYETTE	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
			BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
		Healthspring	HealthSpring Primary	*						\$0.00	-								
Special Care			*						\$0.00	\$0.00			*				86	*	
		Total Care	*						\$15.91	\$15.91			*				86	*	
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*	
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*	
Humana Insurance Company		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
	Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*		
	HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*		
	HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*		
	Sterling Option I	Sterling Option I				*			\$9.00	-									
Windsor Medicare Extra	Windsor Medicare Extra Silver Plan	*						\$0.00	-										
	Windsor Medicare Extra Gold Enhanced Plan	*						\$29.00	\$29.00	*			*	*		97	*		
		Windsor Medicare Extra Gold Basic Plan	*					\$32.00	\$31.76	*			*			97	*		
		Windsor Medicare Extra Comprehensive Plan	*					\$32.33	\$32.33			*				97	*		
		Windsor Medicare Extra Platinum Basic Plan	*					\$54.00	\$31.76	*			*			97	*		
		Windsor Medicare Extra Platinum Enhanced	*					\$61.00	\$38.44	*			*	*		97	*		
FENTRESS	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-									
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
		Sterling Option I	Sterling Option I				*			\$9.00	-								

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service												
County	Organization Name	Plan Name							Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FRANKLIN	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$76.00									
		BlueAdvantagePlus				*			\$113.98	\$37.98	*				*		95	*
		Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*		97	*
			HumanaChoicePPO PPO R5826-019			*				\$67.00	-							
			HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01	*					97	*
			HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*		97	*
GIBSON	Sterling Option I	Sterling Option I				*			\$9.00	-								
	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*				*		95	*
		Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*		97	*
			HumanaChoicePPO PPO R5826-019			*				\$67.00	-							
			HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01	*	*				97	*
GILES		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*				*		95	*
		Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-							
			Humana Gold Choice PFFS H1804-020			*				\$83.00	\$27.67	*			*		97	*
GRAINGER		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*				*		95	*
		Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*		83	*
		Cariten Senior Health - Advantage	*						\$39.00	-								
		Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
		Cariten Senior Health PPO		*					\$88.00	\$39.24		*		*			83	*
		Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*		97	*
			HumanaChoicePPO PPO R5826-019			*				\$67.00	-							
			HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*				97	*
			HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*		97	*
		John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*		89	*
			Secure Plus 15	*						\$64.00	-							
			Secure Plus 20	*						\$69.29	\$29.29	*			*		89	*
			Secure Plus Prime	*						\$89.00	-							
			Secure Plus 15	*						\$93.00	\$29.29	*			*		89	*
		Secure Plus 15	*						\$107.90	\$43.90	*			*		89	*	
		Secure Plus Prime	*						\$118.00	\$29.29	*			*		89	*	
		Secure Plus Prime	*						\$133.00	\$43.90	*			*		89	*	
	Sterling Option I	Sterling Option I				*			\$9.00	-								

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered	
GREENE	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-							95	*	
		BlueAdvantagePlus				*			\$88.98	\$37.98	*				*			83	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*			*				
		Cariten Senior Health - Advantage	*							\$39.00	-								
	Cariten Senior Health (PPO)	Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*			*			83	*
		Cariten Senior Health PPO		*						\$88.00	\$39.24		*			*		83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*				*			97	*
		HumanaChoicePPO PPO R5826-019				*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033				*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001				*				\$114.00	\$29.28	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*							\$37.00	\$29.29	*			*			89	*
		Secure Plus 15	*							\$64.00	-								
		Secure Plus 20	*							\$69.29	\$29.29	*			*			89	*
		Secure Plus Prime	*							\$89.00	-								
		Secure Plus 15	*							\$93.00	\$29.29	*			*			89	*
		Secure Plus 15	*							\$107.90	\$43.90	*			*			89	*
		Secure Plus Prime	*							\$118.00	\$29.29	*			*			89	*
		Secure Plus Prime	*							\$133.00	\$43.90	*			*			89	*
	Sterling Option I	Sterling Option I					*			\$9.00	-								
		Sterling Option I					*			\$76.00	-								
GRUNDY	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-							95	*	
		BlueAdvantagePlus				*			\$113.98	\$37.98	*			*					
	HealthSpring	HealthSpring Primary	*						\$0.00	-									
		Special Care	*							\$0.00	\$0.00			*				86	*
		Total Care	*						\$15.91	\$15.91			*					86	*
		HealthSpring Plus	*							\$23.50	\$23.50	*			*			86	*
	Humana Insurance Company	HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*	
		Humana Gold Choice PFFS H1804-009				*				\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-019				*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033				*				\$104.00	\$19.01		*					97	*
	Sterling Option I	HumanaChoicePPO PPO R5826-001				*				\$114.00	\$29.28	*			*			97	*
		Sterling Option I					*			\$9.00	-								
HAMBLEN	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-							95	*	
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*				83	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*			*				
		Cariten Senior Health - Advantage	*							\$39.00	-								
	Cariten Senior Health (PPO)	Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*			*			83	*
		Cariten Senior Health PPO		*						\$88.00	\$39.24		*			*		83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*				*			97	*
		HumanaChoicePPO PPO R5826-019				*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033				*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001				*				\$114.00	\$29.28	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*							\$37.00	\$29.29	*			*			89	*
		Secure Plus 15	*							\$64.00	-								
		Secure Plus 20	*							\$69.29	\$29.29	*			*			89	*
		Secure Plus Prime	*							\$89.00	-								
		Secure Plus 15	*							\$93.00	\$29.29	*			*			89	*
		Secure Plus 15	*							\$107.90	\$43.90	*			*			89	*
		Secure Plus Prime	*							\$118.00	\$29.29	*			*			89	*
		Secure Plus Prime	*							\$133.00	\$43.90	*			*			89	*
	Sterling Option I	Sterling Option I					*			\$9.00	-								

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
HAMILTON	BlueCross BlueShield of Tennessee	BlueAdvantage				*		\$76.00	-				*				95	*	
		BlueAdvantagePlus				*		\$113.98	\$37.98	*			*				83	*	
	Cariten Senior Health	Cariten Senior Health Complete	*					\$32.33	\$32.33		*								
		Cariten Senior Health-Advantage (Hamilton)	*					\$93.00	-										
	Healthspring	CSH Advantage Plus (Hamilton)	*					\$132.00	\$39.24		*						83	*	
		HealthSpring Primary	*					\$0.00	-										
		Special Care	*					\$0.00	\$0.00			*					86	*	
		Total Care	*					\$15.91	\$15.91			*					86	*	
		HealthSpring Plus	*					\$23.50	\$23.50	*			*	*			86	*	
		HealthSpring Advantage	*					\$118.00	\$18.56			*					86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019					*		\$53.00	\$27.67	*			*				97	*
		HumanaChoicePPO PPO R5826-019				*			\$67.00	-									
		HumanaChoicePPO PPO R5826-033				*			\$104.00	\$19.01		*						97	*
		HumanaChoicePPO PPO R5826-001				*			\$114.00	\$29.28	*			*				97	*
	HANCOCK	BlueCross BlueShield of Tennessee	Sterling Option I				*		\$9.00	-									
			BlueAdvantage				*		\$51.00	-									
Cariten Senior Health		BlueAdvantagePlus				*		\$88.98	\$37.98	*			*				95	*	
		Cariten Senior Health Complete	*					\$32.33	\$32.33		*			*			83	*	
		Cariten Senior Health - Advantage	*					\$39.00	-										
		Cariten Senior Health-Advantage Plus	*					\$78.00	\$39.24		*			*			83	*	
Cariten Senior Health (PPO)		Cariten Senior Health PPO		*				\$88.00	\$39.24		*			*			83	*	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*		\$0.00	\$0.00	*			*				97	*
		HumanaChoicePPO PPO R5826-019				*			\$67.00	-									
		HumanaChoicePPO PPO R5826-033				*			\$104.00	\$19.01		*						97	*
		HumanaChoicePPO PPO R5826-001				*			\$114.00	\$29.28	*			*				97	*
		John Deere Health Plan, Inc.	Secure Plus 25	*					\$37.00	\$29.29	*			*				89	*
		Secure Plus 15	*						\$64.00	-									
		Secure Plus 20	*						\$69.29	\$29.29	*			*				89	*
		Secure Plus Prime	*						\$89.00	-									
		Secure Plus 15	*						\$93.00	\$29.29	*			*				89	*
	Secure Plus 15	*						\$107.90	\$43.90	*			*				89	*	
	Secure Plus Prime	*						\$118.00	\$29.29	*			*				89	*	
Sterling Option I	Secure Plus Prime	*						\$133.00	\$43.90	*			*				89	*	
	Sterling Option I					*		\$9.00	-										
HARDEMAN	BlueCross BlueShield of Tennessee	BlueAdvantage				*		\$110.00	-										
		BlueAdvantagePlus				*		\$147.98	\$37.98	*			*				95	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*			\$67.00	-				*						
		Humana Gold Choice PFFS H1804-020			*	*			\$83.00	\$27.67	*			*				97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*						97	*
HARDIN	BlueCross BlueShield of Tennessee	HumanaChoicePPO PPO R5826-001			*			\$114.00	\$29.28	*			*				97	*	
		Sterling Option I				*		\$9.00	-										
	Humana Insurance Company	BlueAdvantage				*		\$110.00	-				*				95	*	
		BlueAdvantagePlus				*		\$147.98	\$37.98	*			*				97	*	
		Humana Gold Choice PFFS H1804-019			*			\$53.00	\$27.67	*			*						
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*			\$104.00	\$19.01		*						97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*				97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*		\$0.00	-										
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$9.00	-										

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
HAWKINS	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-				*			95	*
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			83	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*				
		Cariten Senior Health - Advantage	*						\$39.00	-				*				
		Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*					\$88.00	\$39.24		*		*			83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*	*		*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$64.00	-				*				
		Secure Plus 20	*						\$69.29	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$89.00	-				*				
		Secure Plus 15	*						\$93.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$107.90	\$43.90	*			*			89	*
		Secure Plus Prime	*						\$118.00	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
HAYWOOD	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-				*			95	*
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*				
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-	*			*			97	*
		Humana Gold Choice PFFS H1804-020			*				\$83.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
HENDERSON	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-				*			95	*
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*				
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-	*			*			97	*
		Humana Gold Choice PFFS H1804-020			*				\$83.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
HENRY	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-				*			95	*
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*				
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019			*				\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-	*			*				
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-				*				
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-				*				
	Sterling Option I	Sterling Option I				*			\$9.00	-								

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
HICKMAN	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Healthspring	HealthSpring Primary	*						\$0.00	-								
		Special Care	*						\$0.00	\$0.00			*				86	*
		Total Care	*						\$15.91	\$15.91			*				86	*
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*				86	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Of Tennessee, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*			97	*
		UnitedHealthcare Medicare Complete Plus Rx	*						\$19.90	\$19.90	*			*			97	*
HOUSTON	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
HUMPHREYS	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
JACKSON	Sterling Option I	Sterling Option I				*			\$9.00	-								
	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		Humana Gold Choice PFFS H1804-020			*				\$83.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description								Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
JEFFERSON	BlueCross BlueShield of Tennessee	BlueAdvantage				*		\$51.00	-									
		BlueAdvantagePlus				*		\$88.98	\$37.98	*			*				95	*
	Cariten Senior Health	Cariten Senior Health Complete	*					\$32.33	\$32.33		*		*				83	*
		Cariten Senior Health - Advantage	*					\$39.00	-				*					
		Cariten Senior Health-Advantage Plus	*					\$78.00	\$39.24		*		*				83	*
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*				\$88.00	\$39.24		*		*				83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*		\$53.00	\$27.67	*			*				97	*
		HumanaChoicePPO PPO R5826-019			*			\$67.00	-				*					
		HumanaChoicePPO PPO R5826-033			*			\$104.00	\$19.01		*		*				97	*
		HumanaChoicePPO PPO R5826-001			*			\$114.00	\$29.28	*			*				97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*					\$37.00	\$29.29	*			*				89	*
		Secure Plus 15	*					\$64.00	-				*					
		Secure Plus 20	*					\$69.29	\$29.29	*			*				89	*
		Secure Plus Prime	*					\$89.00	-				*					
		Secure Plus 15	*					\$93.00	\$29.29	*			*				89	*
		Secure Plus 15	*					\$107.90	\$43.90	*			*				89	*
		Secure Plus Prime	*					\$118.00	\$29.29	*			*				89	*
		Secure Plus Prime	*					\$133.00	\$43.90	*			*				89	*
	Sterling Option I	Sterling Option I				*		\$9.00	-				*					
JOHNSON	BlueCross BlueShield of Tennessee	BlueAdvantage				*		\$51.00	-				*				95	*
		BlueAdvantagePlus				*		\$88.98	\$37.98	*			*				83	*
	Cariten Senior Health	Cariten Senior Health Complete	*					\$32.33	\$32.33		*		*					
		Cariten Senior Health - Advantage	*					\$39.00	-				*					
		Cariten Senior Health-Advantage Plus	*					\$78.00	\$39.24		*		*				83	*
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*				\$88.00	\$39.24		*		*				83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*		\$0.00	\$0.00	*			*				97	*
		HumanaChoicePPO PPO R5826-019			*			\$67.00	-				*					
		HumanaChoicePPO PPO R5826-033			*			\$104.00	\$19.01		*		*				97	*
		HumanaChoicePPO PPO R5826-001			*			\$114.00	\$29.28	*			*				97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*					\$37.00	\$29.29	*			*				89	*
		Secure Plus 15	*					\$64.00	-				*					
		Secure Plus 20	*					\$69.29	\$29.29	*			*				89	*
		Secure Plus Prime	*					\$89.00	-				*					
		Secure Plus 15	*					\$93.00	\$29.29	*			*				89	*
		Secure Plus 15	*					\$107.90	\$43.90	*			*				89	*
		Secure Plus Prime	*					\$118.00	\$29.29	*			*				89	*
		Secure Plus Prime	*					\$133.00	\$43.90	*			*				89	*
	Sterling Option I	Sterling Option I				*		\$9.00	-				*					

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
KNOX	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*			83	*
		Cariten Senior Health - Advantage	*						\$39.00	-				*				
	Cariten Senior Health-Advantage Plus	Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
		Cariten Senior Health PPO		*					\$88.00	\$39.24		*		*			83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$64.00	-				*				
		Secure Plus 20	*						\$69.29	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$89.00	-				*				
		Secure Plus 15	*						\$93.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$107.90	\$43.90	*			*			89	*
		Secure Plus Prime	*						\$118.00	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
Sterling Option I	Sterling Option I				*			\$9.00	-									
	BlueAdvantage				*			\$110.00	-									
LAKE	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*	
	HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
	HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
	HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
Sterling Option I	Sterling Option I				*			\$9.00	-									
	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
LAUDERDALE	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
	Humana Gold Choice PFFS H1804-020			*				\$83.00	\$27.67	*			*			97	*	
	HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*	
	HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
Sterling Option I	Sterling Option I				*			\$9.00	-									
	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
LAWRENCE	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
	Humana Gold Choice PFFS H1804-020			*				\$83.00	\$27.67	*			*			97	*	
	HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*	
	HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
Sterling Option I	Sterling Option I				*			\$9.00	-									
	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
LEWIS	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
	Humana Gold Choice PFFS H1804-020			*				\$83.00	\$27.67	*			*			97	*	
	HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*	
	HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-									
	SecureHorizons Direct Premier Plan 100				*			\$95.00	-									
Sterling Option I	Sterling Option I				*			\$9.00	-									
	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
BlueCross BlueShield of Tennessee	BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*	
	Humana Gold Choice PFFS H1804-020			*				\$83.00	\$27.67	*			*			97	*	
Humana Insurance Company	HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*	
	HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Includes contracts/plans approved as of October 16, 2020. The data does not reflect FASE organizations, employer coverage plans, or ACA/ACAACA plans.																		
County	Organization Name	Description Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Coverage Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Convenience
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		Mail Order Offered
LINCOLN	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-							95	*
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			97	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*				*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								*
LOUDON	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								*
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*			83	*
		Cariten Senior Health - Advantage	*						\$39.00	-								*
		Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*					\$88.00	\$39.24		*		*			83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$64.00	-								*
		Secure Plus 20	*						\$69.29	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$89.00	-								*
		Secure Plus 15	*						\$93.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$107.90	\$43.90	*			*			89	*
		Secure Plus Prime	*						\$118.00	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								*
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								*
	Sterling Option I	Sterling Option I				*			\$9.00	-								*
MACON	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								*
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Healthspring	HealthSpring Primary	*						\$0.00	-								*
		Special Care	*						\$0.00	\$0.00			*				86	*
		Total Care	*						\$15.91	\$15.91			*				86	*
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*
		HealthSpring Advantage	*						\$118.00	\$18.56							86	*
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56		*					86	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-								*
		Humana Gold Choice PFFS H1804-020			*				\$83.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								*
MADISON	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								*
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019			*				\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								*
	Windsor Medicare Extra	Windsor Medicare Extra Silver Plan	*						\$20.00	-								*
		Windsor Medicare Extra Gold Plan	*						\$51.00	\$31.76	*			*			97	*
		Windsor Medicare Extra Comprehensive Plan	*						\$56.84	\$32.33			*				97	*
		Windsor Medicare Extra Platinum Plan	*						\$77.00	\$31.76	*			*			97	*

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
MARION	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$76.00	-				*			95	*
		BlueAdvantagePlus				*			\$113.98	\$37.98	*			*				*
	Healthspring	HealthSpring Primary	*						\$0.00	-								
		Special Care	*						\$0.00	\$0.00			*				86	*
		Total Care	*						\$15.91	\$15.91			*				86	*
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
MARSHALL	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Healthspring	HealthSpring Primary	*						\$0.00	-								
		Special Care	*						\$0.00	\$0.00			*				86	*
		Total Care	*						\$15.91	\$15.91			*				86	*
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*				86	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
MAURY	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Healthspring	HealthSpring Primary	*						\$0.00	-								
		Special Care	*						\$0.00	\$0.00			*				86	*
		Total Care	*						\$15.91	\$15.91			*				86	*
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*				86	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
MC MINN	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$76.00	-								
		BlueAdvantagePlus				*			\$113.98	\$37.98	*			*			95	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*			83	*
		Cariten Senior Health - Advantage	*						\$39.00	-								
		Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Medicaid contracts, plans approved as of October 1, 2020. The data does not reflect FASE organizations, employersponsored plans, or FASE Cost Plans.																		
Description										Cost					Coverage			Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
MC NAIRY	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-				*			95	*
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			97	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*				
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
		BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$76.00	-							
MEIGS	BlueCross BlueShield of Tennessee	BlueAdvantagePlus				*			\$113.98	\$37.98	*			*			95	*
		Cariten Senior Health	*						\$32.33	\$32.33		*		*			83	*
	Cariten Senior Health	Cariten Senior Health - Advantage	*						\$39.00	-								
		Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*	*		*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
		BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-							
MONROE	BlueCross BlueShield of Tennessee	BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
		Cariten Senior Health	*						\$32.33	\$32.33		*		*			83	*
	Cariten Senior Health	Cariten Senior Health - Advantage	*						\$39.00	-								
		Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*					\$88.00	\$39.24		*		*			83	*
		Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*	*		*			97	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
		Sterling Option I	Sterling Option I				*			\$9.00	-							
MONTGOMERY	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Healthspring	HealthSpring Primary	*						\$0.00	-								
		Special Care	*						\$0.00	\$0.00			*				86	*
		Total Care	*						\$15.91	\$15.91			*				86	*
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*
	HealthSpring, Inc.	HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*
		HealthSpring PPO		*					\$104.00	\$18.56			*				86	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
HumanaChoicePPO PPO R5826-033				*				\$104.00	\$19.01		*					97	*	
HumanaChoicePPO PPO R5826-001				*				\$114.00	\$29.28	*			*			97	*	
Sterling Option I	Sterling Option I				*			\$9.00	-									
	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
MOORE	BlueCross BlueShield of Tennessee	BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
		BlueAdvantagePlus				*			\$67.00	-								
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-				*			97	*
		Humana Gold Choice PFFS H1804-020			*				\$83.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
		Sterling Option I				*			\$9.00	-								

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
MORGAN	BlueCross BlueShield of Tennessee	BlueAdvantage				*		\$51.00										
		BlueAdvantagePlus				*		\$88.98	\$37.98	*			*				95	
	Cariten Senior Health	Cariten Senior Health Complete	*					\$32.33	\$32.33		*		*				83	
		Cariten Senior Health - Advantage	*					\$39.00	-									
		Cariten Senior Health-Advantage Plus	*					\$78.00	\$39.24		*		*				83	
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*				\$88.00	\$39.24		*		*				83	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*		\$53.00	\$27.67	*			*				97	
		HumanaChoicePPO PPO R5826-019			*			\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*			\$104.00	\$19.01		*						97	
		HumanaChoicePPO PPO R5826-001			*			\$114.00	\$29.28	*			*				97	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Sterling Option I	Sterling Option I				*		\$9.00	-									
OBION	BlueCross BlueShield of Tennessee	BlueAdvantage				*		\$110.00	-									
		BlueAdvantagePlus				*		\$147.98	\$37.98	*			*				95	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*		\$53.00	\$27.67	*			*				97	
		HumanaChoicePPO PPO R5826-019			*			\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*			\$104.00	\$19.01		*						97	
		HumanaChoicePPO PPO R5826-001			*			\$114.00	\$29.28	*			*				97	
	Sterling Option I	Sterling Option I				*		\$9.00	-									
OVERTON	BlueCross BlueShield of Tennessee	BlueAdvantage				*		\$51.00	-									
		BlueAdvantagePlus				*		\$88.98	\$37.98	*			*				95	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*			\$67.00	-									
		Humana Gold Choice PFFS H1804-020			*			\$83.00	\$27.67	*			*				97	
		HumanaChoicePPO PPO R5826-033			*			\$104.00	\$19.01		*						97	
		HumanaChoicePPO PPO R5826-001			*			\$114.00	\$29.28	*			*				97	
	Sterling Option I	Sterling Option I				*		\$9.00	-									
PERRY	BlueCross BlueShield of Tennessee	BlueAdvantage				*		\$110.00	-									
		BlueAdvantagePlus				*		\$147.98	\$37.98	*			*				95	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*			\$67.00	-									
		Humana Gold Choice PFFS H1804-020			*			\$83.00	\$27.67	*			*				97	
		HumanaChoicePPO PPO R5826-033			*			\$104.00	\$19.01		*						97	
		HumanaChoicePPO PPO R5826-001			*			\$114.00	\$29.28	*			*				97	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-									
		SecureHorizons Direct Premier Plan 100				*		\$95.00	-									
	Sterling Option I	Sterling Option I				*		\$9.00	-									
PICKETT	BlueCross BlueShield of Tennessee	BlueAdvantage				*		\$51.00	-									
		BlueAdvantagePlus				*		\$88.98	\$37.98	*			*				95	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*			\$67.00	-									
		Humana Gold Choice PFFS H1804-020			*			\$83.00	\$27.67	*			*				97	
		HumanaChoicePPO PPO R5826-033			*			\$104.00	\$19.01		*						97	
		HumanaChoicePPO PPO R5826-001			*			\$114.00	\$29.28	*			*				97	
	Sterling Option I	Sterling Option I				*		\$9.00	-									
POLK	BlueCross BlueShield of Tennessee	BlueAdvantage				*		\$76.00	-									
		BlueAdvantagePlus				*		\$113.98	\$37.98	*			*				95	
	Cariten Senior Health	Cariten Senior Health Complete	*					\$32.33	\$32.33		*		*				83	
		Cariten Senior Health - Advantage	*					\$39.00	-									
		Cariten Senior Health-Advantage Plus	*					\$78.00	\$39.24		*		*				83	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*		\$53.00	\$27.67	*			*				97	
		HumanaChoicePPO PPO R5826-019			*			\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*			\$104.00	\$19.01		*						97	
		HumanaChoicePPO PPO R5826-001			*			\$114.00	\$29.28	*			*				97	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*		\$25.00	-									
		SecureHorizons Direct Premier Plan 100				*		\$95.00	-									
	Sterling Option I	Sterling Option I				*		\$9.00	-									

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered	
PUTNAM	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-									
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*	*			\$67.00	-				*					
		Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
	HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*		
RHEA	Sterling Option I	Sterling Option I				*			\$9.00	-									
		BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$76.00	-								
	BlueCross BlueShield of Tennessee	BlueAdvantagePlus				*			\$113.98	\$37.98	*			*			95	*	
		Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*			83	*
			Cariten Senior Health - Advantage	*						\$39.00	-								
	Cariten Senior Health-Advantage Plus		*						\$78.00	\$39.24		*		*			83	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*	
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*	
	HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*		
	Sterling Option I	Sterling Option I				*			\$9.00	-									
		BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
ROANE	BlueCross BlueShield of Tennessee	BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*	
		Cariten Senior Health	Cariten Senior Health Complete	*					\$32.33	\$32.33		*		*			83	*	
	Cariten Senior Health	Cariten Senior Health - Advantage	*					\$39.00	-										
		Cariten Senior Health-Advantage Plus	*					\$78.00	\$39.24		*		*			83	*		
		Cariten Senior Health (PPO)	Cariten Senior Health PPO		*				\$88.00	\$39.24		*		*			83	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*	
	HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*		
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*			89	*	
		Secure Plus 15	*						\$64.00	-									
		Secure Plus 20	*						\$69.29	\$29.29	*			*			89	*	
		Secure Plus Prime	*						\$89.00	-									
		Secure Plus 15	*						\$93.00	\$29.29	*			*			89	*	
		Secure Plus 15	*						\$107.90	\$43.90	*			*			89	*	
		Secure Plus Prime	*						\$118.00	\$29.29	*			*			89	*	
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*	
	Sterling Option I	Sterling Option I				*			\$9.00	-									
		BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
	ROBERTSON	BlueCross BlueShield of Tennessee	BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
Healthspring			HealthSpring Primary	*					\$0.00	-									
Healthspring		Special Care	*						\$0.00	\$0.00			*				86	*	
		Total Care	*						\$15.91	\$15.91			*				86	*	
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*	
Healthspring, Inc.		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*	
		HealthSpring PPO		*					\$104.00	\$18.56			*				86	*	
Humana Insurance Company		Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*		*			97	*	
HumanaChoicePPO PPO R5826-001				*				\$114.00	\$29.28	*			*			97	*		
Sterling Option I		Sterling Option I				*			\$9.00	-									

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan									Mail Order Offered	
RUTHERFORD	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-				*				
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*		95	*	
	Healthspring	HealthSpring Primary	*						\$0.00	-								
		Special Care	*						\$0.00	\$0.00			*			86	*	
		Total Care	*						\$15.91	\$15.91			*			86	*	
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*	86	*	
		HealthSpring Advantage	*						\$118.00	\$18.56			*			86	*	
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*			86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*		97	*	
		HumanaChoicePPO PPO H4408-002		*					\$54.00	\$27.62	*			*		97	*	
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*				97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*		97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
	United Healthcare Of Tennessee, Inc.	UnitedHealthcare Medicare Complete	*						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	*						\$0.00	\$0.00	*			*		97	*	
		UnitedHealthcare Medicare Complete Plus Rx	*						\$19.90	\$19.90	*			*		97	*	
SCOTT	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*		95	*	
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*					\$88.00	\$39.24		*		*		83	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*		97	*	
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*				97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*		97	*	
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*		89	*	
		Secure Plus 15	*						\$64.00	-								
		Secure Plus 20	*						\$69.29	\$29.29	*			*		89	*	
		Secure Plus Prime	*						\$89.00	-				*				
		Secure Plus 15	*						\$93.00	\$29.29	*			*		89	*	
		Secure Plus 15	*						\$107.90	\$43.90	*			*		89	*	
		Secure Plus Prime	*						\$118.00	\$29.29	*			*		89	*	
		Secure Plus Prime	*						\$133.00	\$43.90	*			*		89	*	
	Sterling Option I	Sterling Option I				*			\$9.00	-								
SEQUATCHIE	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$76.00	-								
		BlueAdvantagePlus				*			\$113.98	\$37.98	*			*		95	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*		97	*	
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*				97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*		97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Includes contracts, plans approved as of October 15, 2009. The data does not reflect FASE organizations, employer sponsored plans, or HSA/ HSD plans.																		
Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
SEVIER	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*			83	*
		Cariten Senior Health - Advantage	*						\$39.00	-								
	Cariten Senior Health (PPO)	Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
		Cariten Senior Health PPO		*					\$88.00	\$39.24		*		*			83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*	*		*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$64.00	-								
		Secure Plus 20	*						\$69.29	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$89.00	-								
		Secure Plus 15	*						\$93.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$107.90	\$43.90	*			*			89	*
		Secure Plus Prime	*						\$118.00	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*
		SecureHorizons Direct	SecureHorizons Direct Plan 1				*		\$0.00	-								
			SecureHorizons Direct Premier Plan 200				*		\$85.00	-								
	SHELBY	Sterling Option I	Sterling Option I				*		\$9.00	-								
BlueCross BlueShield of Tennessee		BlueAdvantage				*			\$110.00	-								
	BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*	
	Healthspring	HealthSpring Primary	*					\$0.00	-									
		Special Care	*					\$0.00	\$0.00			*				86	*	
		Total Care	*					\$15.91	\$15.91			*				86	*	
		HealthSpring Plus	*					\$23.50	\$23.50	*		*		*		86	*	
	Humana Insurance Company	HealthSpring Advantage	*					\$118.00	\$18.56			*				86	*	
		HumanaChoicePPO PPO R5826-019			*			\$67.00	-									
		HumanaChoicePPO PPO H4408-001		*				\$74.00	\$27.62	*		*				97	*	
		Humana Gold Choice PFFS H1804-020				*		\$83.00	\$27.67	*		*				97	*	
		HumanaChoicePPO PPO R5826-033			*			\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*			\$114.00	\$29.28	*		*				97	*	
	Sterling Option I	Sterling Option I				*		\$9.00	-									
	Windsor Medicare Extra	Windsor Medicare Extra Silver Plan	*					\$0.00	-									
Windsor Medicare Extra Gold Enhanced Plan		*						\$29.00	\$29.00	*			*	*		97	*	
		Windsor Medicare Extra Gold Basic Plan	*					\$32.00	\$31.76	*			*			97	*	
		Windsor Medicare Extra Comprehensive Plan	*					\$32.33	\$32.33			*				97	*	
		Windsor Medicare Extra Platinum Basic Plan	*					\$54.00	\$31.76	*			*			97	*	
		Windsor Medicare Extra Platinum Enhanced	*					\$61.00	\$38.44	*		*	*			97	*	

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
SMITH	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Healthspring	HealthSpring Primary	*						\$0.00	-								
		Special Care	*						\$0.00	\$0.00			*				86	*
		Total Care	*						\$15.91	\$15.91			*				86	*
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*				86	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
STEWART	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
SULLIVAN	Sterling Option I	Sterling Option I				*			\$9.00	-								
	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*			83	*
		Cariten Senior Health - Advantage	*						\$39.00	-								
		Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*					\$88.00	\$39.24		*		*			83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$64.00	-								
		Secure Plus 20	*						\$69.29	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$89.00	-								
		Secure Plus 15	*						\$93.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$107.90	\$43.90	*			*			89	*
		Secure Plus Prime	*						\$118.00	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Includes contracts/ plans approved as of October 16, 2009. The data does not reflect PACE organizations, employer sponsored plans, or HMO - Cost Plans.																			
Description										Cost				Coverage			Convenience		
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
SUMNER	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-									
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*	
	Healthspring	HealthSpring Primary	*						\$0.00	-									
		Special Care	*						\$0.00	\$0.00			*				86	*	
		Total Care	*						\$15.91	\$15.91			*				86	*	
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*	
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*	
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*				86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*				97	*
		HumanaChoicePPO PPO H4408-002		*					\$54.00	\$27.62	*			*				97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
		Sterling Option I	Sterling Option I				*			\$9.00	-								
TIPTON	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-									
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*	
	Healthspring	HealthSpring Primary	*						\$0.00	-									
		Special Care	*						\$0.00	\$0.00			*				86	*	
		Total Care	*						\$15.91	\$15.91			*				86	*	
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*	
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		Humana Gold Choice PFFS H1804-020			*	*			\$83.00	\$27.67	*			*				97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
		Sterling Option I	Sterling Option I				*			\$9.00	-								
	Windsor Medicare Extra	Windsor Medicare Extra Silver Plan	*						\$0.00	-									
		Windsor Medicare Extra Gold Enhanced Plan	*						\$29.00	\$29.00	*			*	*		97	*	
Windsor Medicare Extra Gold Basic Plan		*						\$32.00	\$31.76	*			*			97	*		
Windsor Medicare Extra Comprehensive Plan		*						\$32.33	\$32.33			*				97	*		
Windsor Medicare Extra Platinum Basic Plan		*						\$54.00	\$31.76	*			*			97	*		
TROUSDALE		Windsor Medicare Extra Platinum Enhanced	*						\$61.00	\$38.44	*			*	*		97	*	
	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-									
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*	
	Healthspring	HealthSpring Primary	*						\$0.00	-									
		Special Care	*						\$0.00	\$0.00			*				86	*	
		Total Care	*						\$15.91	\$15.91			*				86	*	
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*	
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*	
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*				86	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019			*	*			\$53.00	\$27.67	*			*				97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
		Sterling Option I	Sterling Option I				*			\$9.00	-								

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).
Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
UNICOI	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-							95	*
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			83	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*				
		Cariten Senior Health - Advantage	*						\$39.00	-								
	Cariten Senior Health (PPO)	Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
		Cariten Senior Health PPO		*					\$88.00	\$39.24		*		*			83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$64.00	-								
		Secure Plus 20	*						\$69.29	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$89.00	-								
		Secure Plus 15	*						\$93.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$107.90	\$43.90	*			*			89	*
		Secure Plus Prime	*						\$118.00	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
		UnitedHealthcare MedicareComp Essential Rx				*			\$0.00	\$0.00	*			*			97	*
UNION	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*			83	*
		Cariten Senior Health - Advantage	*						\$39.00	-								
	Cariten Senior Health (PPO)	Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
		Cariten Senior Health PPO		*					\$88.00	\$39.24		*		*			83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$64.00	-								
		Secure Plus 20	*						\$69.29	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$89.00	-								
		Secure Plus 15	*						\$93.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$107.90	\$43.90	*			*			89	*
		Secure Plus Prime	*						\$118.00	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
		BlueCross BlueShield of Tennessee				*			\$51.00	-								
VAN BUREN	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		Humana Gold Choice PFFS H1804-020			*				\$83.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost			Coverage			Convenience		
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
WARREN	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Healthspring	HealthSpring Primary	*						\$0.00	-								
		Special Care	*						\$0.00	\$0.00			*				86	*
		Total Care	*						\$15.91	\$15.91			*				86	*
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*				86	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2					*			\$0.00	-							
		SecureHorizons Direct Premier Plan 200					*			\$85.00	-							
	Sterling Option I	Sterling Option I				*				\$9.00	-							
WASHINGTON	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-								
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*
	Cariten Senior Health	Cariten Senior Health Complete	*						\$32.33	\$32.33		*		*			83	*
		Cariten Senior Health - Advantage	*						\$39.00	-								
		Cariten Senior Health-Advantage Plus	*						\$78.00	\$39.24		*		*			83	*
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		*					\$88.00	\$39.24		*		*			83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	John Deere Health Plan, Inc.	Secure Plus 25	*						\$37.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$64.00	-								
		Secure Plus 20	*						\$69.29	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$89.00	-								
		Secure Plus 15	*						\$93.00	\$29.29	*			*			89	*
		Secure Plus 15	*						\$107.90	\$43.90	*			*			89	*
		Secure Plus Prime	*						\$118.00	\$29.29	*			*			89	*
		Secure Plus Prime	*						\$133.00	\$43.90	*			*			89	*
Sterling Option I	Sterling Option I				*			\$9.00	-									
WAYNE	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
	HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
Sterling Option I	Sterling Option I				*			\$9.00	-									
WEAKLEY	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								

Tennessee Medicare Advantage, Cost Plans, and Demonstrations

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Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Includes contracts, plans approved as of October 16, 2020. The data does not reflect FASE organizations, employer sponsored plans, or HSA/ HSD plans.																			
Description										Cost				Coverage				Convenience	
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
WHITE	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$51.00	-									
		BlueAdvantagePlus				*			\$88.98	\$37.98	*			*			95	*	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			*	*			\$67.00	-									
		Humana Gold Choice PFFS H1804-020				*			\$83.00	\$27.67	*			*			97	*	
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-									
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-									
	Sterling Option I	Sterling Option I				*			\$9.00	-									
		BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
WILLIAMSON		BlueAdvantagePlus				*			\$147.98	\$37.98	*			*			95	*	
		HealthSpring Primary	*						\$0.00	-									
		Special Care	*						\$0.00	\$0.00			*				86	*	
		Total Care	*						\$15.91	\$15.91			*				86	*	
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*	
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*	
	Healthspring, Inc.	HealthSpring PPO		*					\$104.00	\$18.56			*				86	*	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
	Windsor Medicare Extra	Windsor Medicare Extra Silver Plan	*						\$0.00	-									
		Windsor Medicare Extra Gold Enhanced Plan	*							\$31.00	\$31.00	*			*	*		97	*
			Windsor Medicare Extra Gold Basic Plan	*						\$32.00	\$31.76	*			*			97	*
			Windsor Medicare Extra Comprehensive Plan	*						\$32.33	\$32.33			*				97	*
			Windsor Medicare Extra Platinum Basic Plan	*						\$51.00	\$31.76	*			*			97	*
			Windsor Medicare Extra Platinum Enhanced	*						\$57.00	\$38.44	*			*	*		97	*
	WILSON	BlueCross BlueShield of Tennessee	BlueAdvantage				*			\$110.00	-								
BlueAdvantagePlus						*			\$147.98	\$37.98	*			*			95	*	
Healthspring		HealthSpring Primary	*						\$0.00	-									
		Special Care	*							\$0.00	\$0.00			*				86	*
		Total Care	*						\$15.91	\$15.91			*				86	*	
		HealthSpring Plus	*						\$23.50	\$23.50	*			*	*		86	*	
		HealthSpring Advantage	*						\$118.00	\$18.56			*				86	*	
Healthspring, Inc.		HealthSpring PPO		*					\$104.00	\$18.56			*				86	*	
		Humana Insurance Company	Humana Gold Choice PFFS H1804-019				*			\$53.00	\$27.67	*			*			97	*
		HumanaChoicePPO PPO R5826-019			*				\$67.00	-									
		HumanaChoicePPO PPO R5826-033			*				\$104.00	\$19.01		*					97	*	
		HumanaChoicePPO PPO R5826-001			*				\$114.00	\$29.28	*			*			97	*	
Sterling Option I		Sterling Option I				*			\$9.00	-									